								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10/782974						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN		OR	OTHER SMALL		
TOTAL CLAIMS			13					RATE		FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		• 17			XS 9= 24		24-	OR	X\$18=		
INI	DEPENDENT C	LAIMS	<i>3</i> m	inus 3 =	٠٠				X43=		OR	X86=		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT				Ī	+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in co						column 2	į.	TOTAL	-	412	OR	TOTAL		
	CLAIMS AS AMENDED - PART II											OTHER	THAN	
_	(Column 1) (Column 2) (Co							SMAL	LE	NTITY	OR	SMALL	ENTITY	
AMENDMENT A	6-16-05	REMAINING		NUME PREVIO PAID	BER JUSLY	PRESENT EXTRA		RATE	ŀ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	~ 2	3	- /	I	X\$ 9=			OR	X\$18=		
	Independent	<u> </u>	Minus	*** 3	>	= /	ſ	X43=	T	T	OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1	7	OR	+290=		
										/		TOTAL		
	(Column 1) (Column 2) (Column 3)											ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING		HIGHE NUMB		ST	ST			ī	ADDI-		(ADDI-	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ין	IONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		8	Γ	X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		-	Γ	X43=	T		OR	X86=		
	FIRST PRESE	NTATION OF ML	LTIPLE DEF	ENDENI	CLAIM		T	+145=	T		OR	+290=		
											OP L	TOTAL		
											JOR ,	ADDIT. FEE		
	`	(Column 1) CLAIMS		. (Colum		(Column 3)	_				r			
AMENDMENT C		REMAINING AFTER AMENDMENT	·	PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		.		X\$ 9=			OR	X\$18=		
	Independent		Minus	ent			r	X43=	T		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		س ا			
• #	the entry in cohin	Ľ	+145= ·	L		OR	+290=	·						
t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDITION THIS SPACE IS LESS than 3, enter "3."										OR A	TOTAL DDIT. FEE		
		ber Previously Paid					ound	in the ap	ppro	priate box	in colu	mn 1.		